

Aims Care Partnership Leighton House

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

Leighton House care home provides personal and nursing care, and is registered to accommodate up to 26 people some of whom are living with dementia. The premises is a large converted period property; the accommodation is arranged over two floors. The home has sixteen bedrooms upstairs and eight bedrooms downstairs.

The inspection was unannounced and took place on the 20 and 21 October 2014

The home had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers they are registered persons; Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

People told us they felt safe living at living at the home because of the care that staff provided them with. Their relatives told us that the staff were caring and respectful and met their needs. Our observations confirmed this and we found that there were systems in place to protect people from the risk of harm.

Summary of findings

The provider had good recruitment systems in place. We found evidence that staff had completed all relevant recruitment checks prior to starting work. There were enough staff with appropriate skills and experience to keep people safe.

Systems were in place to ensure that medicines were stored, administered and managed safely. We found that staff had the required training, and there were enough experienced staff to manage medicines appropriately and to meet people's needs safely.

Staff said they were supported by the registered manager and had received the training and information they needed to do their jobs well and meet people's care needs. Staff spoke positively about the support they received from the registered manager. Staff told us there was a good level of communication within the home which helped them to be aware of any changes. People and their relatives told us they found that they could speak with the staff to raise any concerns, and knew how to raise complaints and concerns if they needed to. Relatives told us any concerns were dealt with by the registered manager in a timely manner.

The manager and staff understood their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DOLs). There were clear records in place to show who could represent people and act in their best interest if complex decisions were needed about their care and treatment.

People and their relatives spoke positively about the home and the care people received, and we saw that staff supported people with all their nutritional needs. People who required personalised diets had their needs monitored and had access to health care professionals who supported staff to meet people's dietary needs.

Relatives told us the care people received was good. We found that people's care records, reviews and risk assessments were up to date. Relatives told us they were included in review meetings and were notified of any changes in people's care needs.

Staff understood the needs of people and we observed that care was provided in a kind and caring manner. People and their relatives spoke positively about the home and the care that they received

Staff told us they received on-going training and we found they were appropriately trained and understood their responsibilities, as well as the values of the home. They said they had received training to ensure the care provided to people was safe and met their needs. Staff told us they received regular supervision and support to assist them to deliver care that was relevant to meet people's needs. We observed that people received support around their personal care and nutritional needs.

We observed that people were encouraged to remain independent and were encouraged and supported to access activities they enjoyed within the home. People were supported to take part in their preferred hobbies and interests, such as reading the newspaper, playing games, and completing puzzle's.

We found that the service was well led and the staff were supported and experienced to do their job well. The registered manager and staff monitored and reviewed the quality of care by asking people and their relatives to complete questionnaires to give their views and opinions about the service. There were systems in place to obtain people's views about the service. These included residents and relatives meetings to identify, plan and make improvements to the service. The registered manager promoted an open culture at the home, and relatives told us they felt able to approach the manager at any time to discuss any concerns.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff were knowledgeable about safeguarding and knew how to identify and raise safeguarding concerns to keep people safe.

There were enough staff to meet people's needs and ensure they were safe, there were robust recruitment procedures in place.

Medicines were managed and administered safely. Where gaps in recording in the medicines administration records were identified these were investigated appropriately.

Risks to people's safety were well managed and staff knew what to do in the event of an emergency.

Good



Is the service effective?

The service was effective.

Staff received training that enabled them to do their jobs well and meet people's care needs.

People were provided with food and drink that met their needs and maintained their health.

Staff and the registered manager had a good understanding of the Mental Capacity Act 2005 and obtained consent from people appropriately.

People received the support and care they needed to maintain their health and wellbeing. People had access to appropriate health care professionals when required.

Is the service caring?

The service was caring.

We observed that staff interacted with people in a sensitive and caring manner and respected people's privacy.

People told us the care they received was good. We observed that the manager and staff supported a caring culture.

Staff spoke positively about their role and about the people they cared for.

Good



Is the service responsive?

The service was responsive.

People received personalised care that met their needs. People's needs had been assessed before they moved into the home, and their care needs were regularly reviewed.

People and their relatives were encouraged to complete surveys to give their views about the quality of the service.

The provider had an appropriate complaints procedure in place. People and their relatives felt able to raise concerns with the staff and manager and they felt that their views and opinions were listened to.

Good



Summary of findings

Is the service well-led?

The service was well led.

There was a registered manager in post who promoted an open culture. Staff confirmed the manager was approachable and open to new ideas.

The culture of the home was open and inclusive. People and their relatives were encouraged to contribute their ideas about the service and felt listened to.

There were systems in place to monitor the quality of the service through audits and feedback from people and relatives.

Good



Leighton House

Detailed findings

Background to this inspection

We carried out this inspection under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on the 20 and 21 October 2014 and was unannounced.

The inspection team consisted of two inspectors and two experts by experience that had experience of people who were living with dementia. An expert by experience is a person who has personal experience of using or caring for someone's who uses care services.

Before the inspection we spoke to local commissioners of the service and the speech and language therapy team (SALT) to obtain their views on how the service was run. The provider completed a provider information return (PIR). This is a form that asks the provider to give some key

information about the service, for example what the service does well, and any improvements they intend to make. Before the inspection we examined previous inspection reports and notifications we had received. A notification is information about important events which the service is required to tell us about by law.

We looked at people's care records including their pre-admission assessments, care plans, and risk assessments. We looked at how medicines were managed and the records relating to this. We looked at staff recruitment files, meeting records and documents in relation to the monitoring of the service.

We observed the care and support provided by staff in all areas of the home to help us understand the experience of people who could not talk with us. We spoke with two people, four staff, one visiting health care professional and two relatives. We looked at four care plans; four staff recruitment files and other documents that helped us gain an understanding of how the service was run.

The service was last inspected on 30 October 2013 and there were no concerns raised.

Is the service safe?

Our findings

People told us they felt safe. One person said “The staff look after me”. Relatives told us that they felt their family members were safe and that people were “Well looked after”. Relatives told us “The house is safe” and they would speak to the registered manager if they had concerns about safety. We observed that people were kept safe and that staff were proactive in making sure people who were in their rooms were well.

People were protected from harm by staff that had a good understanding of what they would do if they suspected abuse or if they had concerns about the care or treatment people received. There was information displayed in several areas of the home so that people, visitors and staff would know who to contact to raise any concerns. Relatives told us they were aware of who to speak to if they were worried about people’s safety. Staff had a clear understanding of who to contact should they need to raise a concern and all staff had received up to date safeguarding training which they told us helped them understand who to report concerns to. There were clear policies and procedures available for staff to refer to if needed.

People and their relatives were involved in the completion of their risk assessments which ensured people were kept safe. These were regularly reviewed so that staff were made aware of any changes in people’s needs and helped keep them safe from harm. Assessments included people who were at risk of falls, had mobility problems and who may be at risk of pressure sores. Staff told us that they were aware of people’s risk assessments and the action they would take to minimise the risks. For example, where people were at risk of pressure sores staff would regularly reposition them to help prevent them from developing. Where appropriate people had the use of pressure relieving equipment such as air mattresses. There was equipment available to help keep people safe such as hoists and baths with lifts which was regularly serviced and maintained.

We observed there were enough staff to meet people’s needs. Relatives we spoke with confirmed this. Staff attended to people’s needs in different areas of the home

in a timely way and people were not kept waiting when they needed help. Staff told us there were enough of them on duty with the relevant experience and skills to meet people’s needs. The registered manager told us that the staffing levels were dependant on people’s needs. We reviewed the staff rota which confirmed that there were the required amounts of staff needed. Where necessary the provider had systems in place to cover staff absence at short notice.

Staff had been recruited safely through an effective recruitment process that ensured they were safe to work with people. Appropriate checks had been completed prior to staff starting work which included checks through the Disclosure and Barring Service (DBS) service. These checks identify if prospective staff had a criminal record or were barred from working with children or people at risk. Other checks included proof of identity, previous employment references and employment histories. Staff told us they had submitted an application form and attended an interview. We saw evidence that staff had been interviewed following the submission of a completed application form.

People’s medicines were appropriately managed and were administered in a safe manner by staff. There were appropriate procedures in place for recording the administration and disposal of medicines. Medicines were kept securely in a locked room and were administered from a lockable trolley. There were systems in place to ensure that people did not run out of their medicines. A pharmacist visited regularly to ensure that medicines were supplied to people. Where there were gaps in the medicines administration records these had been investigated by the registered manager and action taken to prevent a re-occurrence. Only qualified nursing staff were responsible for administering medicines and they had received up to date training.

Staff knew what to do when there was an accident or incident and these would be recorded and investigated where necessary. There were up to date plans for responding to an emergency and any untoward events. Staff were aware of the home’s evacuation plans and told us they knew who they were responsible for in the event of an emergency.

Is the service effective?

Our findings

Relatives told us the care and support they received from staff was good. Relatives told us people were well cared for and that “People are well looked after. The staff are good and they seem to know my relative’s needs”. Another said “They know my relative’s little quirks, and they spend time with them, and look after them properly”. We saw that people were cared for by staff who were knowledgeable about people’s needs.

Staff told us they had received a period of induction prior to starting work. Prior to them working alone they would undertake essential training such as safeguarding and manual handling. They told us they would ‘shadow’ experienced members of staff to gain experience in the role they would be undertaking. Records confirmed that staff had received training in areas such as safeguarding, food hygiene and moving and handling. Staff told us they had received training to support people with their care needs such as training in dementia care. They told us this had enabled them to have greater understanding when caring for people with dementia. One member of staff told us this had been really useful to them as dementia was their “Passion”. We observed the staff and saw they interacted with people in way that demonstrated they had understood the training they had received. For example we saw staff engaged in moving people appropriately.

Staff told us they felt supported by their colleagues and the registered manager. Staff regularly met with the manager for supervision and appraisals to discuss their personal development needs and areas where they could benefit from further training. There was a record of these meetings held for staff to refer to if needed.

Staff and the registered manager had a good understanding of the Mental Capacity Act (MCA) 2005 and had received training. They were aware that any decisions made on behalf of people who lacked capacity should only be made once a best interest meeting had been held. The MCA exists to protect people who may lack capacity and to ensure that their best interests are considered when decisions that affect them are made. Where appropriate

family members views were also sought. For day to day decisions staff asked people for their consent before they carried out any tasks and always explained to people what was happening and why.

The law requires the Care Quality Commission (CQC) to monitor the operation of the Deprivation of liberty Safeguards (DoLS). The Deprivation of Liberty Safeguards ensures that people receive the care and treatment they need in the least restrictive manner. We spoke with the registered manager and staff who understood their responsibility for making sure that the least restrictive options were considered when supporting people to ensure that people’s liberty was not unduly restricted. The registered manager told us that no one living at the home was subject to a (DoLS) authorisation.

People were provided with enough to eat and drink. Staff offered people various fruit juices, water and tea throughout our visit. There were drinks readily available for people should they want them. Staff supported people to eat their lunch in a caring manner and were attentive to their needs. The meal time was calm and relaxed and staff encouraged people to be sociable and engaged them in general conversation.

People were served generous portions and offered a choice of meals. The home had a four weekly menu plan. However if people did not want the meal that had been offered they were supported by staff to choose an alternative. Records showed people’s weights were maintained and staff monitored people’s dietary needs regularly. Where people had specific dietary needs these were well managed and advice was taken from (SALT) who told us the home managed diets “Well”.

Staff told us if they had any concerns they would take appropriate action to make sure people’s health was maintained. Where necessary there were appropriate referrals to other healthcare professionals such as the GP or district nursing teams. Records confirmed people had regular access to healthcare professionals and had attended regular appointments in relation to their health needs such as dental appointments.

Is the service caring?

Our findings

People and their relatives spoke positively about the care they received. People told us the care was “Good” and that “The staff do look after me”. Comments from relatives included “We have been here for some time, the staff are friendly, and they appear to be happy in their work”, “Staff are caring” and “People are well looked after”. We observed that the registered manager and staff spoke quietly and calmly to people. We saw that staff spoke respectfully to people and communicated and interacted with people in a sensitive and caring manner.

People were supported by staff to make day to day choices about their care. For example we observed staff speaking with people and asking them what food they wanted to eat and what drinks they wanted to have. At meal times staff supported people in a calm and relaxed manner, and went at people’s individual pace. Staff engaged in conversations with people prior to providing care and support. We observed that staff spoke with people throughout their meals and at tea times.

Staff knew people and their individual preferences well as they had been caring for them for some time. For example, one person liked to have a specific radio station playing in their room at a certain time which staff were aware of and respected. We observed that people who were cared for in bed were checked regularly by staff to ensure their care

needs were met. They had chosen to have their televisions or radios playing in their rooms which were recorded in their care plans. It was clear that staff knew people well and was able to tell us about people’s preferences.

People were dressed appropriately in clean clothes and their appearance was maintained by staff. Staff told us that they always made sure they knocked on people’s doors prior to entering their rooms; they waited before entering and then closed the bedroom doors behind them. When personal care was delivered this was always carried out in a discreet manner. We observed that staff were discreet with their conversations with each other and with people who were in the communal areas.

Staff engaged with people well, and the interactions between them were positive which contributed to their wellbeing. We found that staff and the registered manager promoted a caring culture in the home. We observed that the manager spoke with people and staff, and spent time with people throughout the day.

People and their relatives were provided with opportunities to give their views and opinions about the care they received. Relatives told us they attended regular meetings in the home and completed questionnaires that enabled them to give their views about the quality of the service. Relatives told us they were involved in their family members care reviews and staff always informed them if there was a change to people’s health or well-being.

Is the service responsive?

Our findings

People told us the care and support they received from staff was good. Relatives told us they were involved in their family members care reviews and had been shown their care plans. They told us the staff informed them of any changes in health or care needs. One relative said “The staff communicate what changes are happening and tell me if any changes are needed”.

People had been involved in an assessment of their needs before moving into the home. Once they had moved in to the home a care plan had been written in consultation with them and their family. Care plans included a detailed plan of care and how the staff should provide support to meet people’s needs and preferences.

People’s routines had been recorded and the staff knew when people liked to have help to get up and to go to bed. The care plans had been reviewed and people and their families had been asked by staff if any aspect of people’s care needed to be changed. People’s care records were personalised. They provided information about people’s life histories so that staff knew about their backgrounds. We heard staff talking to people about their lives in a way that showed the staff had read these plans and knew people well.

People and their relatives knew who they could speak to if they had a concern or a complaint about any aspect of the care they received. They had been provided with a copy of the provider’s complaint process when they first moved into the home. They told us they had confidence that the registered manager would always deal with these issues effectively. There was a copy of the complaints procedure

displayed in the home. The registered manager told us that they would deal with any complaints from relatives in a timely manner and records confirmed that this had been the case. There had not been any formal complaints made in the last 12 months. Any concerns were dealt with by the registered manager informally wherever possible.

There were activities for people and during our visit we observed people taking part in various activities such as skittles, throw the ball, reading the newspaper, and completing puzzles. Staff told us people had a choice of activities and could choose what they wanted to do. We observed staff ask people if they wanted to take part in activities such as reading, looking at pictures and photographs. We observed that people who decided they wanted to take part in these activities were supported to do so and people who chose not to be asked if they wanted to have tea or other fluids.

The provider had a complaints policy in place, and a copy had been made available for people relatives and staff. People and their relatives were invited to meetings, where any concerns could be raised. Relative’s views and opinions about how to improve the service were sought by the registered manager.

We saw throughout our inspection that staff responded to people who needed their assistance. For example people were supported by staff to take part in various activities. We observed that staff supported people to move to a different area of the home to have their meals. Staff offered and supported people to have cold and hot drinks, and to speak with visiting health care professionals to ensure any health needs were discussed.

Is the service well-led?

Our findings

Relatives said the manager was good and they could talk with them at any time. They confirmed the manager was approachable and said they could raise any concerns with the staff or the manager. They told us the staff kept them informed of any issues regarding their relatives and they were kept up to date by telephone or whenever they visited. Relatives confirmed they were consulted about how the home was run by completing questionnaires from which they received feedback and they felt listened to. One relative said “The staff always keep me updated and I can speak to the manager if I need to”.

Communication between people, families and staff was encouraged. The manager told us that relatives were encouraged to contact the home at any time to enquire about their family member. The manager said the staff could speak with them at any time if they had any concerns. Staff confirmed that the manager was open and they could discuss any issues or concerns. Staff said that they felt able to speak with the manager and put their views and opinions forward and they felt they would be listened to. Staff told us that regular staff meetings took place and also meetings with relatives. We looked at records of these meetings, and staff confirmed that these meetings enabled them to discuss issues with the manager. These meetings helped the registered manager to monitor how the provider was meeting people’s needs.

Some people at the home were living with dementia and were not able to complete surveys and questionnaires. They needed support from their family members and staff to express their views about the service. For example people were asked very simple questions about living at the home which they could respond, such as ‘Do you like the food? And ‘What is like living here? To ensure that the home improved the provider asked relatives and staff to complete an annual questionnaire. The last questionnaire was given to staff in September 2014. At the time of our inspection the results had been analysed and the registered manager was in the process of giving feedback to staff and developing an action plan to drive improvements.

Staff confirmed that they received one to one supervision with the manager and had annual appraisals. The manager told us they regularly worked with staff to observe, monitor and improve good practice. This helped the manager to identify any areas that may need to be improved. The registered manager told us they worked with the provider who was supportive and they were able to contact them for help and advice at any time.

The quality assurance procedures that were carried out helped the provider and the registered manager to ensure the service they provided was of a good standard. They also helped to identify areas where the service could be improved. The registered manager carried out monthly checks to monitor the quality of the service. Checks and audits that took place included; infection control, care plans and equipment for manual handling. Audits of medicines were conducted regularly and further checks were carried out by the supplying pharmacist.

The culture of the home was open and welcoming. We observed that the registered manager engaged with people, relatives and staff, and shared the values of the home with the inspection team. The registered manager told us there was a planned programme of building improvement which included an extension to the ground floor which would provide better access and facilities for people.

The provider and registered manager worked well with other agencies and had regular support from the GP and health care professionals, who told us the registered manager and staff were open to the support offered and worked well with them to meet people’s needs.

People’s individual care files were stored appropriately in a safe place. Records in relation to medicines were stored in a separate room which was locked when not in use. People’s personal records including medical records were consistently maintained and audited. Staff received relevant training. On the day of the inspection the training data base was not accessible; however we looked at staff files and saw that staff had received attendance certificates for training attended.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.